

RCE JAN

IN THE TED STATES PATENT AND TRADEMARK OFFICE

Inventor:	Chris E. Rowen	Examiner:	Victor D. Lesniewski			
Application No.:	10/072,988	Art Unit:	2152			
Filed:	February 12, 2002	Docket No.:	LEGAP002			
Title:	SYSTEM AND METHOD OF INDEXING UNIQUE ELECTRONIC MAIL MESSAGES AND USES FOR THE SAME					

11/02/2005 SSITHIB1 00000052 10072988

01 FC:1801

790.00 OP

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to:

m nen

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL FILED WITH AMENDMENT B

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application.

1. Submission required under 37 CFR §1.114

a. 🗌	Previously sul	bmitted:
		Consider the amendment(s)/reply under 37 CFR §1.116 previously
	filed o	n
		Consider the arguments in the Appeal Brief or Reply Brief previously
	filed o	n
		Other
b. 🔀	Enclosed:	
	\boxtimes	Amendment/Reply
		Affidavit(s)/Declaration(s)
		Information Disclosure Statement (IDS)
		Other

ATTORNEY DOCKET NO. LEGAP002 Application No.: 10/072,988

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Fee Calculation: The fee for excess claims, if applicable, has been calculated as shown below.

				Small Entity		,	Large Entity		
				Rate	Fee		Rate	Fee	
RCE FILING FEE		x \$395 = \$		OR	x \$790 = \$	790			
CLAIMS	After RCE	*HP	Extra						
Total	44	44	Х	x \$25 = \$		OR	x \$50 = \$		
Independent	6	6	X	x \$100 = \$		OR	x \$200 = \$		
Multiple Dependent Claims -0-		x \$180 = \$		OR	x \$360 = \$				
*HP = Highest previously paid		TOTAL FEES \$			TOTAL FEES \$	790.00			

III Ingless previously pull	TOTAL TEES U				770.00
2. Miscellaneous:		•			
a. Suspension of action or	n the above-ide	entified an	nlicati	on is reque	sted under
37 CFR §1.103(c) for a period		_	_	on is reque	otou unuur
	UI		115.		
b Other					
3. Applicant hereby petitions for	an extension o	f time as f	ollow	s:	
		SMALL ENTITY		LARGE ENTITY	
	Rate	Add'l Fee		Rate	Add'l Fee
Extension for Response within FIRST month	x \$60 = \$	******	OR	x \$120 = \$	
Extension for Response within SECOND month	x \$225 = \$		OR	x \$450 = \$	
Extension for Response within THIRD month	x \$510 = \$		OR	x \$1020 = 3	B
Extension for Response within FOURTH month	x \$795 = \$		OR	x \$1590 = \$	
Extension for Response within FIFTH month	x \$1080 = \$		OR	x \$2160 = \$	
4. Applicant(s) hereby petition th 5. Enclosed is our Check No.196 required under 37 CFR §1.17 (e), the addition	nal claim fee, if	any, and/	or ext	ension of ti	me fees.
6. Please charge Deposit Account N	Vo. 50-0685 (L	EGAP002	?) in i	the amount	of
to cover the additional claim fee an	nd/or extensior	n of time f	ees.		
7. If the required fees are missing o	r any additiona	al fees are	requir	ed during t	he pendenc
of the subject application, please change such	fees or credit	any overpa	aymen	t to Deposi	t Account
No. 50-0685 (LEGAP002).		•	•	-	•
B. Applicant Initiated Interview Req	uest Form.				
9. Please continue to send corresp	-	e followin	g addr	ess:	
	MER NO. 21		S 444		
	T, YI & JAMES				
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